FEE TRANSMITTAL Filing Date Filing Filing Bate	Effective on 12/08/2004.				Complete SC Victoria					
For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1616 Art Unit 1616 Art Unit 1616 Creek	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.27 Applicant claims small entity status, See 37 CFR 1.19 Deposit Account Deposit Account Money Order	FEE TRANSMITTAL				1/1/200		35			
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Nathan Schlientz Art Unit 1616 TOTAL AMOUNT OF PAYMENT (\$) 180.00 Attorney Docket 5038 - 061693 METHOD OF PAYMENT (check ell that apply) Check Core credit Card Money Order None Other (please titentify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Total Charge fee(s) indicated below, except for the filing fee Charge any additional flee(s) or underpayments of fee(s) Charge any additional flee(s) or underpayments of fee(s) Charge any additional flee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge any additional flee fee fee in the fee fee fee in the fee fee fee in the fee fee in the fee fee fee fee fee fee fee fee fee f	For FV 2009				77 771					
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METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27									
Check Credit Card Money Order None Other (please identify):							061602			
Check Conditional Card Money Order None Other (please identify): Poposit Account Deposit Account Name: 23-0650 Deposit Account Name:	TOTAL AMOUNT OF	FPAYMENT	(\$) 180.00	Atto	Attorney Docket 5038 - 061693					
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Charges any additional Rec(s) or underpayments of Fee(s) Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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Information and authorization on PTO-2808 FEE C ALC ULATION All the fees below are due upon filling or may be subject to a surcharge.)										
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Name	FILING FEES SEARCH F									
Utility	Application Type				_		Fees P	aid (\$)		
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Plant						70				
Reissue	S		-				-			
Provisional 220 110 0 0 0 0 0 0 0 0										
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